treatments in patients recurrent high grade serous ovarian cancer (HG-SOC) with partial platinum response are similar. This finding may support use of liposomal doxorubicin with longer treatment intervals and less hospital admission for the patient.

Disclosures None

#1041 A SUCCESS STORY OF PEMBROLIZUMAB IN A WOMAN WITH SMALL CELL CARCINOMA OF THE HYPERCALCEMIC TYPE OF THE OVARY
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Abstract #1041 Figure 1 MRI prior to therapy with pembrolizumab

Introduction/Background We present the rare case of a 23 year old woman with small cell carcinoma of the right ovary of the hypercalcemic type (SCCOHT). Initial diagnosis was at 20 years of age in September 2019, she presented with severe abdominal pain and a 16 cm tumor of the right ovary. Electrolytes, including calcium were normal. First, oophorectomy of the right ovary performed. Following histological diagnosis of SCCOHT and staging via positron emission tomography (PET)-scan was done, en-bloc resection of the uterus and left adnexa, peritonenectomy, omentectomy and bowel resection with anastomosis of colon descendens and rectum was performed via laparotomy. TNM stage was pT3c N1 (3/7) L0 V0.

She received 4 cycles of adjuvant chemotherapy with cisplatin, etoposide and ifosfamid. Unfortunately, computertomography scan and magnetic resonance imaging (MRI) after chemotherapy revealed a new liver metastasis.

High-dosage chemotherapy with cyclophosphamide, followed by carboplatin and etoposide was applied followed by autologous stem cell transplantation. Despite extensive treatment MRI in October 2020 showed new disseminated liver metastases. PDL-1 testing showed a CPS (combined positive score) of 2. In November 2020 immunotherapy with pembrolizumab q21d was started. MRI in December 2020 showed remission of hepatic metastases under therapy with pembrolizumab [see image 5]. Additionally, brachytherapy of 20 Gy with Iridium-192 in afterloading technique of hepatic segments IVa/VIII and VIII was done. Alternating PET-scan and MRI every 3 months showed no tumor recurrence.

To date, in April 2023, therapy with pembrolizumab is being continued without any sign of recurrence.

Methodology Case report

Results Our patient, a 23 year old woman with SCCOHT with hepatic metastases, is currently 29 months under treatment with pembrolizumab.

Conclusion This is the longest survival under pembrolizumab reported in the literature so far.

Disclosures None

#1049 SURVIVAL ANALYSES IN PATIENTS WITH PLATINE RESISTANT RECURRENT HIGH GRADE SEROUS OVARIAN CANCER WHO UNDERWENT PACLITAXEL RECHALLENGE

Abstracts

Introduction/Background In our clinical practice we began to plan paclitaxel rechallenge earlier (in thirdline) in patients with platine resistant recurrent high grade serous ovarian cancer (HG-SOC) and our aim is to evaluate the outcome of this approach with other prognostic factors.

Methodology This retrospective study included 49 patients. Patient data including age, recurrence time, histopathological results, chemotherapy protocols, were obtained from the hospital database. Early paclitaxel rechallenge was defined as paclitaxel rechallenge in the thirdline after the secondline liposomal doxorubycin, late paclitaxel rechallenge was defined as treatment in further lines.

Results The median age of the was 54 (range, 27–77). Median overall survival (OS) was 43 (range, 21–186) months. In survival analyses patients who underwent late rechallenge had worse overall survival (8.9 vs. 64.4 months, p:0.219) but this finding did not reach a statistical significance. In evaluation of challenges agent types patients who underwent single agent (only paclitaxel) had better OS when compared to two agents (paclitaxel + carboplatine); 67.6 vs 54.4 months (p:0.713) whereas this also did not reach a statistical significance. In evaluation of challenges agent types patients who underwent single agent (only paclitaxel) had better OS when compared to two agents (paclitaxel + carboplatine); 67.6 vs 54.4 months (p:0.713) whereas this also did not reach a statistical significance.

Conclusion Despite the later onset of approach and low number of patients the results of our study supports that early paclitaxel rechallenge may be promising in management of platine resistant recurrent high grade serous ovarian cancer. Also, single agent rechallenge may be a better option to avoid the chemotherapy related side effects with better overall survival results.

Disclosures None

#1052 HYPERTHERMIC INTRAOPERATIVE INTRAPERITONEAL CHEMOTHERAPY (HIPEC) WITH PRIMARY OR INTERVAL CYTOREDUCTIVE SURGERY IN THE TREATMENT OF ADVANCED EPITHELIAL OVARIAN CANCER

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Abstracts

Introduction/Background Ovarian cancer has the highest mortality rate among gynecologic malignant tumors. Data are lacking on the survival benefit of hyperthermic intraperitoneal
RE-HYPERThERMic INTRAOPERATIVE INTRAPERitoneAL CHEMOTHERAPY (RE-HIPEc) IN PaTIENTS WITH RECURRENT OVARIAN CANcer

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Abstract

Introduction/Background The usage of cytoreductive surgery combined with hyperthermic intraperitoneal chemotherapy (HIPEC) for advanced gynecological cancers is increasing. HIPEC has been widely investigated in patients with peritoneal carcinomatosis, including those with epithelial ovarian cancer. We aimed to evaluate the effects of re-HIPEC in patients with recurrent epithelial ovarian cancer who underwent re-CRS and re-HIPEC.

Methodology It was a retrospective study analyzing the patients (n=9) with advanced stage EOC undergoing HIPEC following the CRS at two tertiary hospitals.

Results The mean age was 53.22 ± 4.68 years. The subtypes of the patients were high-grade serous cancer (n=8) and clear cell ovarian cancer (n=1) (table 1). The median recurrence time after first HIPEC was 15 (8–53, range) months. None of them developed complication during re-HIPEC.

Conclusion Re-cytoreduction with re-HIPEC is feasible and safe in recurrent ovarian cancer patients.

Disclosures All authors declare that there are no conflicts of interest involved with the presented data.